

11. Pathology

Office of National Statistics (ONS) cause of death

In the previous NCEPOD report⁴³, inadequacies in the formulation of the cause of death were highlighted. Pathologists, from their experience, should do this better than most clinicians. But in the available sample of 42 causes of death, 26% (11/42) were defective in the actual structure of the cause of death according to the standard rules, and in a similar proportion the quoted causes of death were judged not congruent with the pathological details in the actual autopsy report.

The following are typical of the problems found:

A. Patient who died following paracetamol overdose.

The stated cause of death was:

- 1a. bronchopneumonia
- 1b. intracerebral haemorrhage
- 1c. hypertension
2. obesity, enlarged fatty liver.

Better would have been:

- 1a. bronchopneumonia
- 1b. liver failure
- 1c. paracetamol toxicity
2. hypertension, intracerebral haemorrhage.

B. Patient who died of lung cancer with septic complications. The stated cause of death was:

- 1a. multifactorial
- 1b. hepatorenal failure
- 1c. pyelonephritis
2. primary lung carcinoma.

Better would have been to place lung carcinoma in the lowest line of part 1 of the cause of death sequence:

- 1a. multi-organ failure
- 1b. sepsis
- 1c. carcinoma of lung.

The Office of National Statistics(ONS) derives data for the main causes of death from the bottom line of Part 1 in the medical certificate of cause of death. The above cases illustrate how even autopsy diagnoses are not being accurately incorporated into national statistics on cause of death because of incorrect certification.